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LETTER TO THE EDITOR

Response to: "Oral manifestations and blood profile in patients with iron deficiency anemia"

To the Editor,

We thank Dr Bitu Rohani for his interest in our recently published paper in the *Journal of the Formosan Medical Association*.¹ Dr Rohani had a question about sampling in our study. That question is described as follows: In this study, healthy controls had either dental caries or mild periodontal diseases but did not have any oral mucosal diseases. So, in such a study how could you compare oral manifestations in iron deficiency anemia (IDA) patients (with oral lesions and manifestations) and controls (without any oral mucosal diseases)?

Our reply to their question is as follows: In our study, all the patients with IDA were enrolled from our oral mucosal disease clinic. Therefore, all 75 IDA patients had oral mucosal diseases such as oral lichen planus, recurrent aphthous ulcerations, atrophic glossitis, or burning mouth syndrome. By definition, the healthy control individuals in our study should not have any form of oral mucosal diseases. In our study, not only oral mucosal diseases (such as oral lichen planus, atrophic glossitis, and recurrent aphthous ulcerations) but also oral symptoms and signs (such as burning sensation or numbness of oral mucosa, dry mouth, dysfunction of taste, and lingual varicosity) were compared between 75 IDA patients and 150 age- and sex-matched healthy controls. We found that IDA patients had significantly higher frequencies of all oral manifestations compared with healthy control participants (all $p < 0.001$). Therefore, although it may not be necessary to compare the frequencies of oral mucosal diseases between the two groups, comparisons of frequencies of oral symptoms and signs between IDA patients and healthy control participants

are meaningful. Similar comparisons of oral symptoms and signs between patients with thalassemia trait, burning mouth syndrome, or antithyroid autoantibodies and healthy control individuals are also found in our recently published papers.^{2–4}

References

1. Wu YC, Wang YP, Chang JYF, Cheng SJ, Chen HM, Sun A. Oral manifestations and blood profile in patients with iron deficiency anemia. *J Formos Med Assoc* 2014;113:83–7.
2. Wang YP, Chang JYF, Wu YC, Cheng SJ, Chen HM, Sun A. Oral manifestations and blood profile in patients with thalassemia trait. *J Formos Med Assoc* 2013;112:761–5.
3. Lin HP, Wang YP, Chen HM, Kuo YS, Lang MJ, Sun A. Significant association of hematinic deficiencies and high blood homocysteine levels with burning mouth syndrome. *J Formos Med Assoc* 2013;112:319–25.
4. Wang YP, Lin HP, Chen HM, Kuo YS, Lang MJ, Sun A. Hemoglobin, iron, and vitamin B12 deficiencies and high blood homocysteine levels in patients with anti-thyroid autoantibodies. *J Formos Med Assoc* 2014;113:155–60.

Andy Sun
Department of Oral Pathology and Oral Diagnosis,
School of Dentistry, National Taiwan University,
Taipei 10048, Taiwan

E-mail address: andysun7702@yahoo.com.tw

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